GREENTREE HEALTH/REHABILITATION CENTER

70 GREENTREE ROAD

CLINTONVILLE 54929 Phone: (715) 823-2194 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Title 18 (Medicare) Certified? Number of Beds Set Up and Staffed (12/31/02): Total Licensed Bed Capacity (12/31/02): Title 19 (Medicaid) Certified? 66 Yes Number of Residents on 12/31/02: Average Daily Census:

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/02)	ଚ			
Home Health Care	No	 Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	50.0
Supp. Home Care-Personal Care	No					1 - 4 Years	34.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	5.8	More Than 4 Years	15.4
Day Services	No	Mental Illness (Org./Psy)	9.6	65 - 74	9.6		
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	28.8	1	100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.8	Full-Time Equivalent	5
Congregate Meals	No	Cancer	3.8			Nursing Staff per 100 Res	sidents
Home Delivered Meals	No	Fractures	5.8		100.0	(12/31/02)	
Other Meals	No	Cardiovascular	11.5	65 & Over	94.2		
Transportation	No	Cerebrovascular	17.3			RNs	8.0
Referral Service	No	Diabetes	9.6	Sex	%	LPNs	12.1
Other Services	Yes	Respiratory	5.8			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	32.7	Male	25.0	Aides, & Orderlies	44.5
Mentally Ill	No			Female	75.0	I .	
Provide Day Programming for			100.0	1		I	
Developmentally Disabled	No			I	100.0	I	
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Method of Reimbursement

		edicare			edicaid			Other			Private Pay	:		amily Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	0/0	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	215	29	87.9	100	0	0.0	0	9	100.0	135	0	0.0	0	0	0.0	0	48	92.3
Intermediate				4	12.1	84	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	4	7.7
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		33	100.0		0	0.0		9	100.0		0	0.0		0	0.0		52	100.0

County: Waupaca
GREENTREE HEALTH/REHABILITATION CENTER

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Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, a	nd Activities as of 12	/31/02
Deaths During Reporting Period	[
	- 1				% Needing		Total
Percent Admissions from:	- 1	Activities of	ଚ୍ଚ		sistance of	% Totally	Number of
Private Home/No Home Health	12.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		75.0	25.0	52
Other Nursing Homes	2.9	Dressing	9.6		69.2	21.2	52
Acute Care Hospitals	82.9	Transferring	26.9		50.0	23.1	52
Psych. HospMR/DD Facilities	0.0	Toilet Use	23.1		32.7	44.2	52
Rehabilitation Hospitals	1.0	Eating	76.9		7.7	15.4	52
Other Locations	1.0	* * * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * *	*****	*****	******	******
Total Number of Admissions	105	Continence		용	Special Treatme	nts	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	11.5	Receiving Res	piratory Care	13.5
Private Home/No Home Health	48.6	Occ/Freq. Incontiner	nt of Bladder	19.2	Receiving Tra	cheostomy Care	0.0
Private Home/With Home Health	3.7	Occ/Freq. Incontiner	nt of Bowel	15.4	Receiving Suc	tioning	1.9
Other Nursing Homes	4.7				Receiving Ost	omy Care	1.9
Acute Care Hospitals	4.7	Mobility			Receiving Tube	e Feeding	3.8
Psych. HospMR/DD Facilities	0.9	Physically Restraine	ed	3.8	Receiving Mec	hanically Altered Diet	s 30.8
Rehabilitation Hospitals	0.0						
Other Locations	5.6	Skin Care			Other Resident	Characteristics	
Deaths	31.8	With Pressure Sores		13.5	Have Advance	Directives	98.1
Total Number of Discharges	1	With Rashes		19.2	Medications		
(Including Deaths)	107				Receiving Psy	choactive Drugs	69.2

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

Ownership: Bed Size: Licensure: Proprietary 50-99 Skilled This All Facility Peer Group Peer Group Peer Group Facilities 용 Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 82.7 85.1 0.97 88.5 0.93 86.7 0.95 85.1 0.97 Current Residents from In-County 75.4 72.5 1.33 69.3 1.39 76.6 1.25 96.2 1.28 Admissions from In-County, Still Residing 22.9 20.1 1.14 19.5 1.17 22.5 1.02 20.3 1.13 Admissions/Average Daily Census 190.9 138.3 1.38 125.4 1.52 102.9 1.85 133.4 1.43 Discharges/Average Daily Census 194.5 139.7 1.39 127.2 1.53 105.2 1.85 135.3 1.44 Discharges To Private Residence/Average Daily Census 101.8 57.6 1.77 50.7 2.01 40.9 2.49 56.6 1.80 Residents Receiving Skilled Care 92.3 94.3 0.98 92.9 0.99 91.6 1.01 86.3 1.07 Residents Aged 65 and Older 94.2 95.0 0.99 94.8 0.99 93.6 1.01 87.7 1.07 Title 19 (Medicaid) Funded Residents 63.5 64.9 0.98 66.8 0.95 69.0 0.92 67.5 0.94 Private Pay Funded Residents 17.3 20.4 0.85 22.7 0.76 21.2 0.82 21.0 0.82 Developmentally Disabled Residents 0.6 0.0 0.8 0.00 0.6 0.00 0.00 7.1 0.00 Mentally Ill Residents 13.5 30.3 36.5 0.37 37.8 0.36 33.3 0.40 0.44 General Medical Service Residents 32.7 1.39 21.6 1.51 22.3 23.6 1.47 20.5 1.60 Impaired ADL (Mean) 49.6 48.6 1.02 48.0 1.03 47.5 1.04 49.3 1.01 Psychological Problems 69.2 55.2 1.25 59.4 1.17 56.9 1.22 54.0 1.28 6.6 6.3 6.8 1.55 7.2 1.47 Nursing Care Required (Mean) 10.6 1.60 1.69